

Washes are used simply to bring certain substances which they hold in solution in contact with the diseased skin. They have to be renewed frequently, owing to their evaporation. This may, however, be considerably retarded by combining glycerine with the solution.

The use of powders is to absorb the secretions, when not too abundant, to protect surfaces of the cutis that rub against each other, and to have a cooling and soothing action on the skin. Those most commonly used are made of starch, rice, soapstone, the oxide of zinc, etc.

The number of caustics that may be used is very large, varying in the rapidity and thoroughness of their action. With regard to their use as a class there is nothing especial to be said.

(To be continued.)

A CASE OF PLACENTA PRÆVIA.¹

A PROPOSED MODIFICATION OF THE METHOD OF TREATING PLACENTA PRÆVIA BY RETROVERSION OF THE PLACENTA.

BY W. L. RICHARDSON, M. D.,

Visiting Physician of the Boston Lying-In Hospital.

MRS. H. H., aged twenty-seven, the mother of two children. Both previous confinements, which had been in the western part of New York, were normal. Her last child was born April 13, 1874. The catamenia returned the following August. Her second child was weaned in December. The catamenia continued regular until April 27, 1876, when they appeared for the last time, and ceased on the 2d of May. She quickened about the middle of September.

I first saw her November 26th. Her general health had been, as usual, good since the beginning of the pregnancy. The evening before, while attempting to move a piano, she felt that she "had strained herself." On getting up the following morning she discovered some blood upon her night-dress, and found that she was flowing. Supposing that it was a case of threatened miscarriage I directed her to remain in bed and to send for me at once if there should be any increase in the amount of the flowing, or if she should suffer any pains, from which she had thus far been free. In the evening the flowing had almost entirely ceased, and she complained of no pain. A rest in bed for a few days was advised. I was again sent for December 23d, on account of a slight bloody vaginal discharge. As there was apparently no cause for a return of the flowing, a case of placenta prævia was suspected, and a vaginal examination asked for. So much objection, however, was made to this, that it was not insisted upon, and rest, as before, was ordered. January 19th, I was sent for in great haste, as there had been a sudden

¹ Read before the Boston Obstetrical Society, February 10, 1877.

and somewhat profuse hæmorrhage. A vaginal examination showed the case was, as had been suspected, one of placenta prævia. The implantation of the placenta was lateral, extending two or three inches to the right and about an inch and a half to the left of the os uteri. There were no signs of labor. The os was closed. The cervix was not wholly obliterated. The foetal heart was distinctly heard, beating at the rate of 130, in the normal position. The patient was seen occasionally from that time until February 2d, when a hæmorrhage summoned me to the house about 9.30 P. M. The patient was in bed, complaining of feeble labor pains, which occurred about every twenty minutes. There was some slight flowing. The os was soft, dilatable, and about the size of a cent. The presentation was normal. A colpeurynter was introduced into the vagina. At eleven o'clock, the pains occurring every ten minutes, the colpeurynter was removed, together with a clot which had formed behind it. The os uteri was a little more than half dilated. The membranes were unruptured. The pains were good, both in character and frequency. Introducing the right hand the placenta was carefully separated from its attachments upon the left side, and, having been drawn down through the dilatable os uteri, was folded over upon the right side of the os. The separation of the placenta was followed by a slight hæmorrhage. The membranes, which had been drawn down with the placenta, were then ruptured with the index finger, while the thumb held the free edge of the placenta in its retroverted position. There was a free gush of the liquor amnii, in the midst of which unfortunately the funis was prolapsed. The pains at once increased in frequency and severity, the head descending through the superior strait. The funis was pushed into the left posterior quarter of the pelvic brim, where it would be least exposed to pressure. The os dilated rapidly, and at 12.30, as I was unwilling to run any risk of a subsequent pressure on the funis, the forceps were applied and the patient was delivered of a girl weighing six and a half pounds. The uterus contracted well, and the placenta was found immediately afterwards lying detached in the upper part of the vagina. The patient had a normal convalescence.

The method of delivery adopted in this case was that taught in Vienna and recently described and brought to the attention of the profession in this country by Dr. Davis of Wilkesbarre, Pennsylvania.

In two other cases, in which I have followed the same method, the result has been successful to both mother and child. In this case, however, the prolapse of the cord was an unexpected complication, but it was an accident liable to occur in all cases where there is an excess of liquor amnii, or where, for any reason, the presenting part of the child does not lie immediately above the dilating os uteri. This complication of the case, however, could be avoided by rupturing the mem-

branes by means of a catheter introduced high up between the membranes and the uterine wall, on the side from which the placenta has been detached. In this way there can be no danger of any such sudden escape of the waters as is likely to follow a rupture made at the dependent part of the amniotic sac. In all cases, where an examination shows a considerable amount of water in advance of the presenting part, it is safer to rupture the membranes in this way, since otherwise there is always liability to a prolapse of the cord, and especially is this likely to happen, when the case is one of placenta prævia, in which the cord is so apt to lie at the lower part of the uterus and in the position most favorable to the occurrence of a prolapse.

With this slight modification of the above method of treating placenta prævia, it would seem as though the method described by Dr. Davis and followed in this case was by far the safest of all which have heretofore been recommended by obstetricians for the treatment of this class of cases. The danger to the child is to a great degree avoided, since there can be no fetal hæmorrhage while the retroverted portion of the placenta is kept firmly pressed against the opposing uterine wall; and the danger of a maternal hæmorrhage is reduced to a minimum, since the rupture of the liquor amnii prevents the substitute of an unsuspected internal for an external hæmorrhage, while at the same time, it hastens the completion of the delivery by the promotion of uterine contractions. Should, however, severe external hæmorrhage take place, the application of forceps will in all cases at once speedily terminate the case.

RECENT PROGRESS IN ANATOMY.¹

BY THOMAS DWIGHT, M. D.

*Liver.*² — The gross and minute anatomy of this organ, and the changes which it presents during development, have been carefully studied by the two first-mentioned authors. The presence of vasa aberrantia, that is, gall ducts large enough to be seen by the naked eye, lying in the folds of the peritoneum which form the ligaments, is an old observation, but we believe that a conclusive explanation of their occurrence in such peculiar circumstances has not been given. These vessels imply an atrophy of the hepatic tissue. The shape of the liver, as is well known, is not the same in the infant and the adult, and the change is due to atrophy of some parts as well as to a disproportionate growth of others. The left lobe is perhaps the chief seat of the atrophy. The authors point out that the left triangular ligament of the embryo

¹ Concluded from page 261.

² Toldt and Zuckerkandl Sitzungsbericht. der Akademie zu Wien, 1875. Kolatchewsky. Archiv für mikroskopische Anatomie, Bd. xiii. Heft 2. Budge. Arbeit aus der physiologischen Anstalt zu Leipzig. 1876.